

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09782849

FILING DATE

1

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
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42		1				
43		1				
44		1				
45		1				
46	1					
47		1				
48		1				
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54		1				
55	1					
56	1					
57	1					
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	13					
TOTAL DEP.	44					
TOTAL CLAIMS	57					